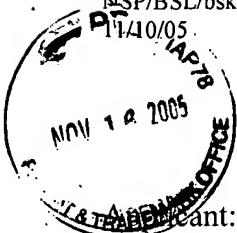


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ZMW



NOTICE OF APPEAL FROM THE EXAMINER  
TO THE BOARD OF PATENT APPEALS AND INTERFERENCES

Applicant:

Maria S. Gawryl, Robert A. Houtchens and William R. Light

Serial No.:

10/018,599 Group: 1654

Filed:

May 22, 2005 Examiner: Anish Gupta

Confirmation No.: 8372

For: Preserving a Hemoglobin Blood Substitute with a Transparent Overwrap

**CERTIFICATE OF MAILING OR TRANSMISSION**

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:

11/11/05 Betsy S. Kirschner  
Date Signature

Betsy S. Kirschner  
Typed or printed name of person signing certificate

Mail Stop AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Patent Appeals and Interferences from the decision dated June 24, 2005 of the Examiner finally rejecting claims 1-9. The item(s) checked below are appropriate:

1.  Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated June 24, 2005 for two (2) months from September 24, 2005 to November 24, 2005.
  
2.  A [ ] month extension of time to respond to the Office Action Made Final dated [ ] was filed on [ ] with payment of a \$[ ] fee.  
 Applicant hereby petitions for an additional [ ] month extension of time to respond to the Office Action Made Final.
  
3.  A Request for Oral Hearing before the Board of Patent Appeals and Interferences is being filed concurrently herewith.

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500.00 00  
01 FC:1401

## 4. Fees are submitted for the following:

<input checked="" type="checkbox"/> Extension of Time for two (2) months	\$ <u>450</u>
<input type="checkbox"/> Additional Extension of Time:	
Fee for Extension ([ ] mo.)	\$ _____
Less fee paid ([ ] mo.)	- \$ _____
Balance of fee due	\$ <u>0</u>
<input checked="" type="checkbox"/> Notice of Appeal	\$ <u>500</u>
<input type="checkbox"/> Other _____	\$ _____
	TOTAL \$ <u>950</u>

## 5. The method of payment for the total fees is as follows:

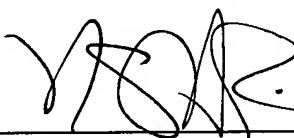
A check in the amount of \$950.00 is enclosed.

Please charge Deposit Account No. 08-0380 in the amount of \$[ ].

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

HAMILTON, BROOK, SMITH, REYNOLDS, P.C.

By   
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Date: 11/11/05